M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7202 CERTIFICATE OF DEATH

Reg. Dist. No.

07191

-		1109. 0101. 110.
	PLACE OF DEATH G. COUNTY G. COUNTY MARYLANI	
ь	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	b c. CITY OR TOWN of outside orporate limits, write RURAL and give nearest town)
-	d. NAME OF HOSPITAL (If not, in haspital, give street address) OR INSTITUTION EQ S to COROOGLE NOST to	d. STREET ADDRESS d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\) NO FT.
1 2	NAME OF DECEASED (Type or print) NAME OF DECEASED (Type or print)	Bachman GF DEATH UPE 19 19 50
5. \$	Male White WIDOWED DIVORCED S	8. DATE OF BIRTH 9. AGG (In years IF UNDER I YEAR IF UNDER 24 HES. Months Days Hours Min.
10a.	a. USUAL OCCUPATION (Give kind at work dane 10b. KIND OF BUSINESS OR IN during mast of working life, even if reliped)	DUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. 1	FATHER'S NAME	14. MOTHER'S MAIDEN NAME POSE MOLT
15. Yes.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (If yes, give wor or dates of service) 10. 10. 3 -3743	INFORMANT Address
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	total - wound fremely interval BETWEEN ONSET AND DEATH
	Canditions, if any, which gove rise to immediate couse (a), stating the under-	
ATION	lying cause lost. (c)	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES 7 NO 1
CERTIFICATION	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUPOR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Port 1 or Port 1) of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Hour a. m. 19 work at work 2	PLACE OF INJURY (Hame, farm, 20f. (City or tawn) (County) (State) factory, streat, affice bldg., etc.)
	21. I certify that I attended the deceased from	19, to
	ACTUAL CELLIFORMICK	M.D. 19 July 1959 2195. Washing 100 S
	PHYSICIAN'S E.C.H. Schmidt	+ 00 Faston Md
L	REMOVAL (Specify) 6/22/59 Mt Ples	OR CREMATORY 222 (OCATION (City, 15wn, or county) Missing (Stope)
23_	Maurice E. Hew many Sty Cast	246. REC'D' BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE JUN 2 3 '59 Outling & Kraue
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07192

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1. PLACE OF DEATH o. COUNTY Talbot MARYLAND					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY albot								
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton					c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Rural Easton								
d. t	NAME OF HOSPI OR INSTITUTION	TAL (If not in hosp	tol, give street	address)		d. STREET A	DDRESS						DENCE FARM? NO
	ME OF CEASED be or print)		Fint James		Middle Noel	Bennet		4. DATE OF DEATH	6/15	4	Day		fear
5. SEX	W	6. COLOR OR R	ACE 7. MAR		ER MARRIED DIVORCED	8. DATE OF BIRT			9. AGE (In years lost birthday) 60 yrs	Months	1 YEAR Days	Hours	R 24 HRS. Min.
dı	iring most of wo	ON (Give kind of rking life, even if roomobile	thired)		SINESS OR INDU	ISTRY 11, BIRTHPI	ACE (Stote	and		12. CI		F WHAT	COUNTRY?
	Wi	lliam H	. Ben	nett		Lou	ise	Vern	V				
15. WA {Yes, no	S DECEASED EV	ER IN U. S. ARMED		SOCIAL SEC	URITY NO. 17.	INFORMANT				dress		9.	
	no				-0278	Mrs.	<u>JAme</u>	s N.	Bennett	. Ea			
18		ATH [Enter only of ATH WAS CAUSED IMMEDIATE CAU		ine for (a), (b)	Coulins	l'uifare	tion	luc	Chipaa	Cay .	ONS	RVAL BE	DEATH
8	Conditions, if	any, which	(b)	theore	don		-0	6			2	udd	
	otse (o), stating ring couse last	ine under-	(c)	Can	on they	alh us	ele.	inen			2	gra.	
CERTIFICATION		THER SIGNIFICANT		CONTRIBUTION	IG TO DEÁTH BU	T NOT RELATED TO	THE TERM	MINAL DISEAS	E CONDITION GI	VEN IN PAI	(T 1(o) 1	PERFO	AUTOPSY RMED?
	G. ACCIDENT WERE CONTRIBUTION OF EITHER, NOTIF	YAS UNDERLYING G	20b. DE	SCRIBE HOW	INJURY OCCURR	ED. (Enter noture o	of injury in	Port I or Par	t (1 of item 18.)				
MEDICAL	c. TIME OF INJU Hour o. m. p. m.	RY Month, Day	While	INJURY OCCL Not what I work	nile fo	LACE OF INJURY (octory, street, offic			or tawn)	(County)		(State)
A SI	CTUAL GNATURE	hat I attended 10 frue 1 lives	ha store	Janie		, 1957 h accurred at .m.b	10 A		n the causes treet, city or town	and on t	he dot	te state	deceased above.
280. B	AME (Type) URIAL, CREMATI	ON, 226/ DATE TI			OF CEMETERY			22d. LQC	TION (Çity, town.	or county)		C(Stop)	e) /
	EMOVAL (Specify	(finte)	18,59	My	got Hea	east		Cen	eter			M	d.
23. FU	COLL	RYSIGNATURE	2	Con the second	estor	Hd		N 1 7 '59		ISTRAR'S SI		E	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND	STATE	DEPARTMENT	OF	HEALTH-	-BALTIMORE,	18
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07193

7204	CERTIFIC	ATE OF DEATH		Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY Talbot	MARYLAND	2. USUAL RESIDENCE (Who o. STATE MORUI	b. COUNTY	ani Residence before admission) 2400 MAN NOS
b. CITY OR TOWN (If autside carporate limits, writ RURAL and give nearest town)	c. LENGTH OF STAY IN 16	0	utside carporate limits, write R	URAL and give nearest town)
E 45TIN	16 3045		TOWN	11x 2
d. NAME OF HOSPITAL (If not in hospital, give stre OR INSTITUTION Hemorial Ho	spital	d. STREET ADDRESS		o. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Mamie	Middle Deborah	Boone.	4. DATE Mon OF DEATH Jane	th Day Year 24 19 5 9
1 1	ARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH March 10, 13	9. AGE (In years last birthday) 76 F3 yrs.	Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 1 dyring most of working life, even if refired)	Ob. KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (State of	ar fareign cauntry)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME FRANK T Fall	Kner	Emma V	Take Bow	len
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unshapen) (If yes, give war or defect of service)	16. SOCIAL SECURITY NO. 17.	ARRIE Haldes	eghtel. Add	(ess
18. CAUSE OF DEATH (Enter only one cause pe PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)	r line far (a). (b), and (c).	l in faction	· Lue to	INTERVAL BETWEEN ONSET AND DEATH
420.1 DUE TO	- Landerson	ele ofic las	de al.	
gave rise to immediate cause (a), stating the under-tying cause last.	Rusun bon			
PART II. OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH 8U	T NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRI	ED. (Enler nature of injury in P	art f ar Part II of item 18.)	
Hour e, m, Wh		LACE OF INJURY (Hame, farm, octory, street, affice bldg., etc.)	20f. (City ar lawn)	(Caunty) (State)
21. I certify that I attended the dece alive on 24 from 2 15		19.57, to 2 h accurred at 10:33	franchiscours land	that I last saw the decease
ACTUAL SIGNATURE SIGNATURE	Sauce w-	M.D	Colling Me	prate) DATE SIGNE
PHYSICIAN'S THORESTE	N HARRIS	N		
220. BURIAL CREMATION, 22b. DATE THEREOF STURE 37-5	9 Chesterful	OR GREMATORY	22d. LOCATION (City, town, o	(State)
3 FUNERAL DIRECTOR'S SIGNATURE BUT	ADDRESS Calley	DATE JU	350	STRAR'S SIGNATURE

VS A15 (4) 15M 9/55 , <u>.</u>

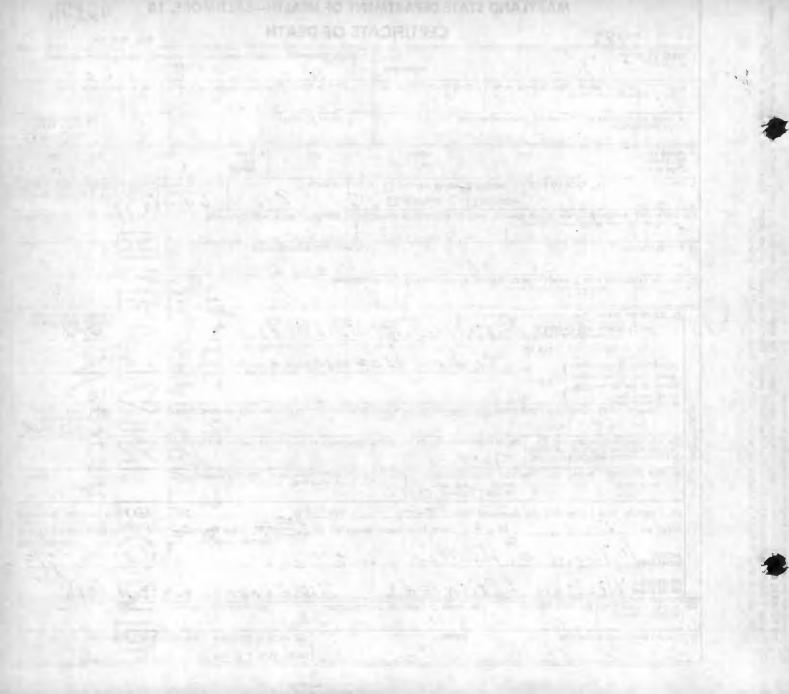
DEPARTMENT OF HEALTH—BALTIMORE, 18

700 7 ---DISTRICTION INC. DO

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07195

7221	CERTIFIC	ATE OF DEATH		Reg. Dist. No.
1. PLACE OF DEATH a. COUNTY + 4/60 +	MARYLAND	2. USUAL RESIDENCE (Who	re deceased lived. If institutio b. COUNTY_	ns, Residence before admission) + A b e +
b. CITY OR TOWN (If autside carporale limits, write RURA) and give nearest lown)	Life	X LASTO	tside carporate limits, write \$1	IRAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital) give street or institution ASTON	et address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type at print) OL/ F Ye (€ E	Brooks	4. DATE Mont OF DEATH /	h Day Year 11 19 5 9
MAR COL WIDO	RRIED ANEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 7 / 5 / 9 4	lass birthday) 4 yrs.	Manths Days Haurs Min.
100. USUAL OCCUPATION (Give kind of work dane) 10 during most of working life, even if retired) State Employee	Highway I	DO MARY	1200	12. CITIZEN OF WHAT COUNTRY?
George Broo	ks (Mare B	rooks	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (I/a), no or unknown (I/ yes, give wor or doles of service)	6. SOCIAL SECURITY NO. 17.	Leange Bru	orks Ea	ton, ind,
PART I. DEATH WAS CAUSED BY:	line for (a), (b), and (c).]	Heart dise	cer-c	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last.	Cardine de	compensa	tion .	,
PART II. OTHER SIGNIFICANT CONDITIONS 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	S CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	ESCRIBE HOW INJURY OCCURRI	D. (Enter nature of injury in Pa	irl I or Part II of Hem 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. Haur a.m., Whi p. m. 19 at w	fe Nat while fa	ACE OF INJURY (Hame, form, clary, street, affice bldg., etc.)	20f. (City or tawn)	(Caunty) (State)
21. 1 certify that I attended the decertains on 19	used from B-	accurred at 1900	2	that I last saw the deceased
ACTUAL SIGNATURE William L.	Writer		DORESS (Street, city or lown, a	
PHYSICIAN'S WILLIAM L	WINTERS	210 F	DONER EA.	STON MD.
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY C	bota Com.	EASTON,	r county) M (State)
28. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS action i	mol DATE JU		TRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea, Dist. No. HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Midence before admission) o. COUNTY b. COUNTY Page r. Poge Files. Health, MARYLAND b. CUPY OR TOWN III c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside Corporate inpits, write EURAL and give nearest town) d. NAME OF HOSP TAL OR INSTITUTION (If not in hospito, give street oddress) d STREET ADDRESS e IS RES DEN-ON A FARM? YES NO 3. NAME OF 4. DATE DECEASED (Type or print) DEATH JUNE 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO BATE OF BIRTH 9. AGE (In years IFUNDER TYEAR IF UNDER 24 HRS 5. SEX Months WIDOWED [7] DIVORCED [100. USUAL OCCUPATION (Give kind of work done 101 KIND OF BUSINESS OR INDUSTRY dump rost of working life, even if retired) 11 BIRTREKACE (State or foreign country) 12. CITIZEN OF WAYAT COUNTRY? pages 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. IZ. INFORMANI 18. CAUSE OF DEATH | Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN PART I DEATH WAS CAUSED BY: ARTERIOSCLEROTIC HEART DISEASE IMMEDIATE CAUSE (p) **DUE TO** Canditions, if any, which gave rise to immediate couse DUE TO (a), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOLTS. WAS AUTOPSY PERFORMED? DIABETES MELLITUS NO DE 200. EXTERNAL CAUSE WAS PRIMARY OF OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED linter nature of injury in Port I or Part II of item 18) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f (City or town) 20c. TIME OF INJURY Month, Doy, Year (County) (Stote) factory, street, affice bldg., etc.) Not while While of work of work 2). I certify that I taok charge of the remains described above, held an Autopsy . (Inspection). Inquiry . and in my opinian death resulted from: Natural causes M. Accident J. Suicide J. Homicide J. Undetermined manner Ö DATE SIGNED **ACTUAL** CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER [7] WELTY **EXAMINER'S** DEPUTY MEDICAL EXAMINER F NAME (Type) BURIAL OREMATION, 27 DATE THEREOF 22c NAME OF CEMETERY OR CHEMATORY 22d JOCATION (Citys-town, or county) 24o. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE **VS. A15ME** arthur S. Kraus 5M 2/57



EPARTMENT OF HEALTH—BALTIMORE, 18



1		M	ARYLAND S	STATE DEPART	ME	NT OF H	EALTH-B	ALTIM	ORE, 18		
FOR STATE		7223	MEDICA	L EXAMINE	R'S	CERTIF	ICATE O	F DE		eg, Dist. No.	7199
EALTH DEPT.		LACE OF DEATH		- A-			DENCE (Where de		. If institution	Residence befo	
B & # /		TALBOT		MARYL	AND	O. STATE	ARYLAND		b COUNTY	CAROL	INE
of He file	b	CITY OR TOWN (1 outside corporal and give negres) town) NR TRAPPE	e intils write RURAL	c. LENGTH OF STAY IN	t 1b		TOWN (IF OUR de DERALSB		mits, write RUR. - Rura	_	arest lown)
6	-	I. NAME OF HOSPITAL OR INSTI	IUI/ON /II nel in he			d STREET A	_				e IS RES DE RE
Bod 'Y		CHOPTANK RIVE					nithville	Road	4.000		ON A FARM? YES X NO
fund Storing least		NAME OF DECEASED	First	Middle		Lost	4. DAT	1	Month	Day	Year
9 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		William Annual Code	DNALD	Edward		COOK	DEA	TH	JUNE	7	1959
a A A B	5, 5	EX 6 COLOR	OR RACE 7. MARRI	ED NEVER MARR.ED	8	DATE OF BIRTH			art de d		IF UNDER 24 HRS
The state of the s		MALE WHI	TE WIDOWE	D DIVORCED	ן נ	ugust :	16, 1936		22 yrs Mai	nihs Days	Hours Min.
E S S S S S S S S S S S S S S S S S S S	10a	USUAL OCCUPATION (Give kind	of work done 10b	KIND OF BUSINESS OR IN						2 CITIZEN OF	WHAT COUNTRY
2.8.9.5	1	furing most of working life, even in Farmer and Maso	nry Contra	actor		East	on, Maryl	and		U.S.A	
20 2 2	13.	FATHER'S NAME					MAIDEN NAME	-			
Pag Pag Pag		John E. Cook				Ruti	h M. Lyde	n			
e de la companya de l	15.	WAS DECEASED EVER IN U. S. A	RMED FORCES? 16	SOCIAL SECURITY NO	17. IN	FORMANT			Address	School of the	•
£ . €	11.00	No	at delet at territel	Unknown	M	s. Joy	ce H. Coo	k. Fe	deralsb	urg. Md	RFD
E E E	-	18. CAUSE OF DEATH Enter on	ly one cause per line	ler (a), (b), and (c).]	-					INTERV	AL BETWEEN
lang pe ond		PART F DEATH WAS CAU	SED BY:	IDENTAL DE	20W	NING				ONSET	AND DEATH
2022		1298	DUE TO		XV III	IXTING					-
SE SE V		Conditions, if ony, which }									
rio Crio		gove rise to immediate cause ((b)								
2000		(a), stating the underlying	(c)								
iga tiga	z	PART II, OTHER SIGNIFIC		ONTR BUTING TO DEATH	BUT NO	OT RELATED TO	THE TERMINAL DIS	EASE CONE	ITION GIVEN I	N PART 1(0) 19	. WAS AUTOPSY
Par Par	18									` 1	PERFORMED?
of The state of th	일	200. EXTERNAL CAUSE WAS	20b. DESCRIB	E HOW INJURY OCCURR	ED (En	ter nature of in	ury in Fart Lar Par	1 II of item	181		
A Paris	CERTIF	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	APP.	STEPPED (2011	
a page	3	20c. TIME OF INJURY Month		INJURY OCCURRED 20e						(County)	[Stote]
40%	WEDICAL	_ Hour _ o, m,	While		focta	y, street, office	bldg., etc.)			` ''	, ,
The special sp	≥	21. I certify that I took	J. J				RIVER Autoney				
2 P 2 P										nquiry [],	
de de de		opinion death resulted f	rom. Noturol	couses [], Accide	sur K	<u>I</u> , Suicide	: [], потпе	de [_],	Undetermin	ned manne	
W TO		ACTUAL In.	- /////	11%		CHIEF M	EDICAL EXAMINER				DATE SIGNED
2 - 0 to		SIGNATURE	ration of	24		M.D	NT MEDICAL EXAM	*****			
the bear		EXAMINER'S		195. 5.			MEDICAL EXAMINE			6-7	-59
S Z Z	224	NAME (Type) - BURIAL, CREMATION, 726 DAT	TE TUEBECIE	ZZC NAME OF CEMETER							
3. 5. F	1220		e 10,1959	Hill Crest			Fed. 10	lerals	ity, town, or co	uniy) arvland	(State)
2 0	23	FUNERAL DIRECTOR'S SIGNATUR		ADDRESS			24o. REC'D BY REC		24b REGISTRAI		
. A15ME		J.Framptom and	Son, Fede	ralsburg, Me	aryl	and		1			
M 2/57	L_						DATEUN 1 2	59	arthur	& Kroma	



1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	7208 CERTIFICATE OF DEATH (172()()
age of the state o	1. PLACE OF DEATH a. COUNTY TA/bot MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY DARRY LAND DARRY LA
dedn.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) EASTON C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) STEVENS VILLE
080	d. NAME OF HOSPITAL (If not in haspitat, give street address) OR INSTITUTION MEMORIA HOSP. d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
illed in jes 1 an	3. NAME OF DECEASED First Middle Lost 4. DATE Month Day Year OF OF DEATH JUNE 6 1959
pletely prs. Pog	5. SEX 6. COLOR OR RACE 7. MARRIED PNEVER MARRIED B DATE OF BIRTH WIDOWED DIVORCED JULY 44 1 888 9. AGE (In years last birthday) Months Days Hours Min.
ond com bon pape sr-death.	10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11 plRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? WARY 120 4
physicion o move carb bours offer	13. FATHER'S NAME MR. August Chort 14. MOTHER'S MAIDEN NAME
n 9	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT G. allen ashield sterrice) (17 yes, give wor or doine of service) (18 yes, give wor or doine of service)
e offending en please r nt within 72	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) INTERVAL BETWEEN ONSET AND DEATH
ed by the mit. The only even	Conditions, if any, which gave rise to immediate (b) COXOITONY 1017 TOXCT
tion.	lying cause last.
g physic has be urial-tro	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
ottendin rifficate is the b	20c. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f, (City or town) (Causta) (Causta)
itol or chis ce or use corresponding control or use corresponding corres	Hour a. gr. While Not while at work at
R: Affer ached for buriel, buriel,	21. I certify that Lattended the deceased from 19, to 19, that I last saw the deceased alive on 19, that I last saw the deceased alive on 19, that I last saw the deceased above.
Prior o	ACTUAL SIGNATURE OCCUPATION M.D. 219 5. 1125 h1174 1017 57 6 Voly5
Service Servic	PHYSICIAN'S L. C. T. S. AIM OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, or county) (Stote)
moy be moy be the regit	REMOVAL (Specify) REMOVAL (Specify) STEVENS VILLE 22. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
VS A15 (4) 15M 9/55	Edga & Jane. Colemb Hill Mid. DATE JUN 1 0 159 Cilin & Frank

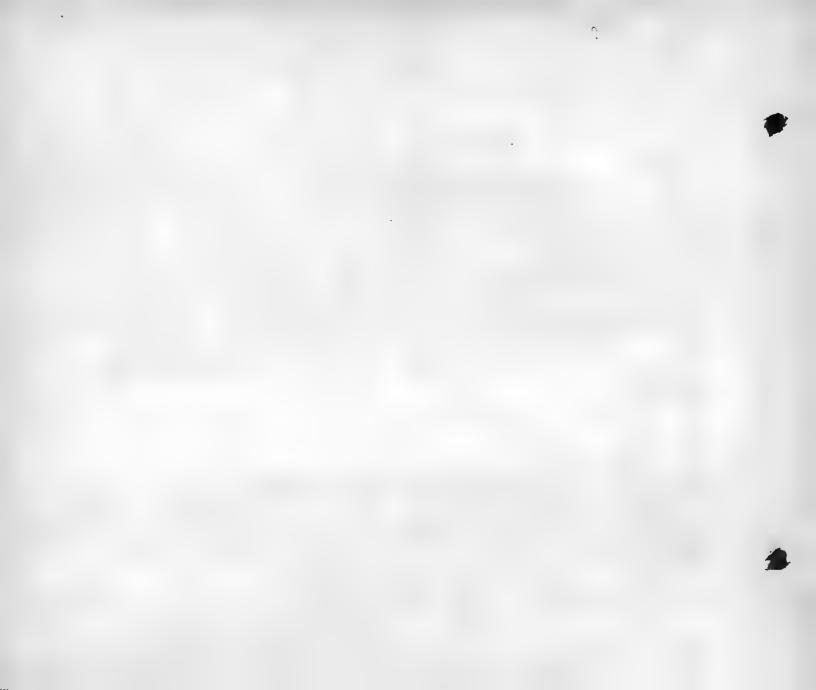


07201 7224 **CERTIFICATE OF DEATH** Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions, flexidence before admission) filed COUNTY b. COUNTY MARYLAND funeral cold b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) **EURAL** and give nearest town) E ASTON d. NAME OF HOSPITAL (If not in haspitol, give street oddress)
OR INSTITUTION d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 7 NAME OF Middle 4. DATE Month DECEASED OF DEATH (ക (Type or print) 10 / 6. COLOR OR RACE IF UNDER TYEAR IF UNDER 24 HRS. MARRIED T NEVER MARRIED T B. DATE OF BIRTH 9. AGE (In years last birthday) Months Days Hours DIVORCED | WIDOWED [7]_ 100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) OULE WOS 13. FATHER'S NAME 14 MOTHER'S MAIDEN/NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 72 ottending please 18. CAUSE OF DEATH [Enter only one couse per line for (a)) (b) and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gove rise to immediate **DUE TO** couse (a), slating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6), 19. WAS AUTOPS PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Manth. 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or lown) Doy, Year (Stole) (County) factory, street, office bldg , etc.) Hour o.m. While Not while at work of wark D. m 21. I certify that I attended the deceased fram,__ , 19 that I last saw the deceased ___, and that death accurred at______M, fram the causes and an the date stated above. alive an ADDRESS_IStreet, city or town, state) SIGNATURE FUNERAL D PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY, OR CREMATORY 22d, LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 2 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18

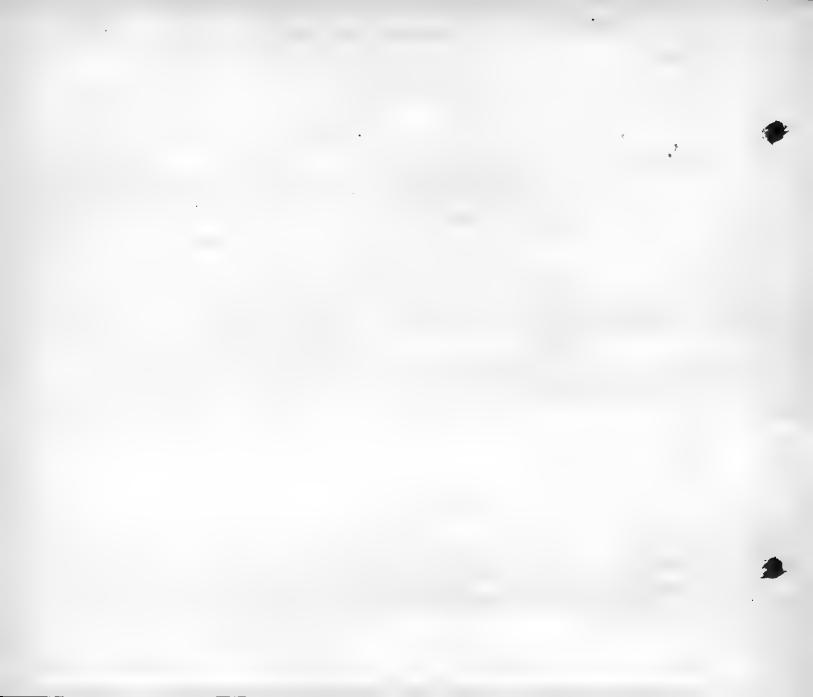


1		MAR	YLAND S	TATE DEPA	RTMENT C	F HEALTH	-BALTIM	ORE, 18		
*e		7209		CERTII	FICATE O	F DEATH		Reg.	1)72 Dist. No.	02
Page directar	o. COU	OF DEATH		MARYI	472 o 11	L RESIDENCE (Who		If institution: Residue.	dence before odn	nission),
death:	b. CITY RURA	OR TOWN (If autside corporate AL and give nearest town).	limits, write c.	LENGTH OF STAY I	N Ib c. CIT		utside corporate lin	nits, write RURAL ar	nd give rearest k	own)
by a 2 year	d, NAN OR I	AE OF HOSPITAL (If not in hospital NSTITUTION	Memo-	te al Les	oits/	REET ADDRESS			10	RESIDENCE N A FARM?
124 hau illed in es 1 and	3. NAME DECEAS (Type o	SED.	First	Middle 5	715	lost her	4. DATE OF DEATH	Adapth Lune	00y /3	Year
d within oletely fi	5. SEX	6. COLOR OR RAI	CE 7. MARRIED WIDOWED [NEVER MARRIE	- 100.7	ber 811	1958 9 No.	E (In years IF UND birthday) Month	Days Hou	NDER 24 HRS
death.	10o USUA during	L OCCUPATION (Give kind of wo g most of working life, even if reti	ork done 10b. KIN ired)	ID OF BUSINESS OF	INDUSTRY 11. B	IRTHPLACE (State of	or foreign country)	12.	CITIZEN OF WH	AT COUNTRY
certificate be eg physician an remave corbay 72 haurs after	13. FATHER	is name Arion 3. Fi	sher	SR.	14. MO1	THER'S MAIDEN N	AME CLL	-415		
certific ng phys s remav 72 hau	15 WAS D (Yes, No. or o	DECEASED EVER IN U. S. ARMED F Unknown)		CIAL SECURITY NO.	17. INFORMAN	T		Address		
he death e attendiu en please nt within		AUSE OF DEATH (Enter only one PART I. DEATH WAS CAUSED B IMMEDIATE CAUSE		or (a), (b), gnd (c).}	Cerit	miti	U		INTERVAL ONSET AL	BETWEEN ND DEATH
n. signed by the tipermit. The	Con- gave cause	distions, if any, which e rise to immediate (a), stoting the under-	(b) 97	stels,	restra	in of	Bul	leim	4	
physicia os been ial-trans	CATION	PART II. OTHER SIGNIFICANT C	ONDITIONS CON	ITRIBUTING TO DEA	TH BUT NOT RELAT	TED TO THE TERMIN	NAL DISEASE CON	DITION GIVEN IN P	ART I(a) 19. WA	TEORMED?
Hans II		CCIDENT WAS UNDERLYING DONTRIBUTING CAUSE OF DEA HER, NOTIFY MEDICAL EXAMINE	TH (R)	BE HOW INJURY OC	CURRED. (Enter no	ature of injury in Po	art I or Part II af i	tem 18.)		
PHYSIC of at all ar at this cert r use as ematiar		ME OF INJURY Month, Day, Hour a. si, p. m.	Year 20d. INJU While at work	Nat while	20e. PLACE OF IN. factory, street	JURY (Home, farm, , affice bldg., etc.)	20f. (City or tow	rn)	(County)	(State)
ENDING the haspit R: After ached fo ouriel, cr	21. I	116-1 9 10-1	he deceased	14	, 19 death accurre	1005		, 19,that		
DR ATT	ACTU/ SIGNA	AL COLO	Khu	my X	M.D. 21	195 W	DDRESS (Street, ci	ly er, lown, state)	- 17/v	DATE SIGNE
PITAL C e retain ERAL Di 3 shauld jistrar p	NAME	CIAN'S E.C.	7 Sc.	hmidi	+	tzsto	1716,	Mesy	ikind.	
O HOS moy b O FUNI Poge 3	REMO	AL, CREMATION, 22b. DATE THE	15 g	Acase OF CEME	TERY OR CREMATO	Cum	Buco	ity, town, or county	2 h	itate)
VS A15 (4) 15M 9/55	Ja.	AL DIRECTOR'S SIGNATURE	Mall &	ADDRESS	in m	DATE WIN	23 '59	246. REGISTRAR'S		



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18





MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 117205 7225 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY **b.** COUNTY Talbot. MARYLAND Talbet Maryland ero b. CITY OR FOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) St. Michaels. Maryland P yrs. d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE OR INSTITUTION Talbot St YES NO 3. NAME OF First Middle 4. DATE Month Day Yeor DECEASED OF DEATH WILLIAM B. HIGGINS (Type or print) June 1950 AGE (In years lost birthdoy) 85 yrs IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH Months Days Hours Male WIDOWED | DIVORCED | popers. 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Agriculture QueenAnne's Co. . Farmer Md. USA pou 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Higgins Martha Cole 17. INFORMANT IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address No Elizabeth Higgins, St. Michaels 18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0), **DUE TO** Conditions, if ony, which gove rise to immediate **DUE TO** cotise (a), stoting the underlying cause lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES TO NO 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter Nature of injury in Port 6 or Port of item 18.) 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour o. m. Not while of work of work p. m. 19 9 that I last saw the deceased 21. I certify that I attended the deceased fram and the death occurred a A DDM, from the causes and on the date stated above. alive an SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. 226. DATE 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Woodlawn Cemetery Easton. Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR DATE JUN 1 0 '59 arthur & thrus 15M 9/55



\$M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7226 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07206 Reg. Dist. No.

	o. COUNTY	TALBOT	MARYLAND	1	•	CAROLINE
		WN (II ou side corporate im Is, write PURAL	2 hours		(If outside corporate limits, write LSBURG — Rura	
	d. NAME OF H	OSPITAL OR INSTITUTION (If not in	n haspital, give street address)	d STREET ADDRESS		e IS RESIDENCE
	CHOP	TANK RIVER -JA	MAICA POINT	Willi	amsburg Road	YES NO
	3, NAME OF DECEASED (Type or print)	DALE	EDWARD	HOWARD	4. DATE Month OF DEATH JUNI	- /
	5. SEX	6. COLOR OR RACE 7. M.	ARRIED 🗍 NEVER MARRIED 🔀 8	1.4	lead is ethelous	IF UNDER 19EAR JE UNDER 24 HRS
	MALE		DIVORCED [rebruary 13	-	Months Days Hours Min
	Public	UPATION (Give kind of work done) working life, even if retired) School Student -		chool East	on, Maryland	12. CITIZEN OF WHAT COUNTRY U.S.A.
	13. FATHER'S NA	ME		14 MOTHER'S MAIDEN	NAME	
	Edwar	d M. Howard		Esther M	Messick	
	15. WAS DECEAS	ED EVER IN U. S. ARMED FORCES? (If yes, give wer or dates of service)	16. SOCIAL SECURITY NO. 17.	NFORMANT	Address	
	No		None N	Irs. Edward 1	M. Howard, Feder	ralsburg, Md., RD
		0	line for (a), (b), and (c)]	MING		INTERVAL BETWIEN ONSEE AND DEATH
j	127,	Ö DUE TO				
		if any, which (b)				
	(a), stating	the underlying DUE TO (c)		A Company of the Comp		
)	ZO PART	I, OTHER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TER	MINALDISEASE CONDITION GIV	/EN IN PART I(a) 19, WAS AUTOPSY PERFORMED? YES NO
	PRIMARY DE CAUSE OF D	EATH.	CRIBE HOW INJURY OCCURRED (I			(201)
	20c. TIME OF	INJURY Manth, Day, Year		CE OF INJURY (Home, for tory, street, office bldg., e	icm, 20f. (City or fown)	(County) (Stote)
		d mp 6-7-5919	of work 🔲 at work 🔀 📗 🔾	CHOPTANK R		PE ALBOT MD
	21. I certi	fy that I took charge of t	he remains described abo	ve, held an Autop	osy 🔲, Inspection 🔀,	. Inquiry 🔲, 🛮 ond in my
	opinion d	eath resulted from: Natur	gl couses . Accident	X, Suicide ,	Homicide . Undete	rmined manner
	ACTUAL SIGNATURE	Lavis UM	retty	M.D. CHIEF MEDICAL	EXAMINER [DATE SIGNED
2	FW & ANDREWS			ASSISTANT MEDI	ICAL EXAMINER	6-7-59
	EXAMINER'S NAME (Type		VELTY	DEPUTY MEDICA	L EXAMINER 🔀	
	220. BURIAL CRE REMOVAL (S BULLIA		122c NAME OF CEMETERY OR 19 Hill Crest Ce		Federalsburg	or county) Maryland (Stote)
	23 BUNICOAL OIL	ector's signature and Son, Fer	ADDRESS		C'D BY REGISTRAR 746. REGIS	STRAR'S SIGNATURE

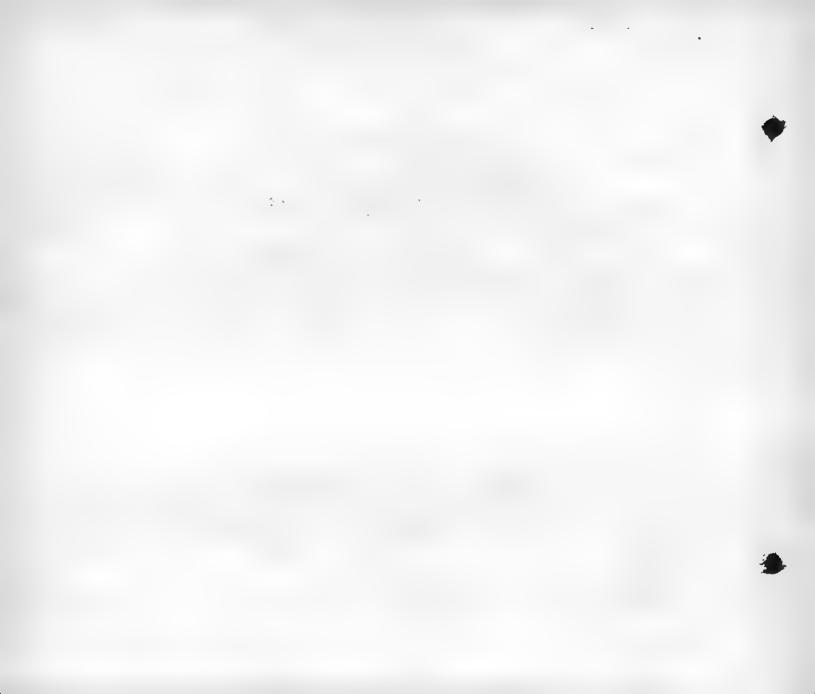


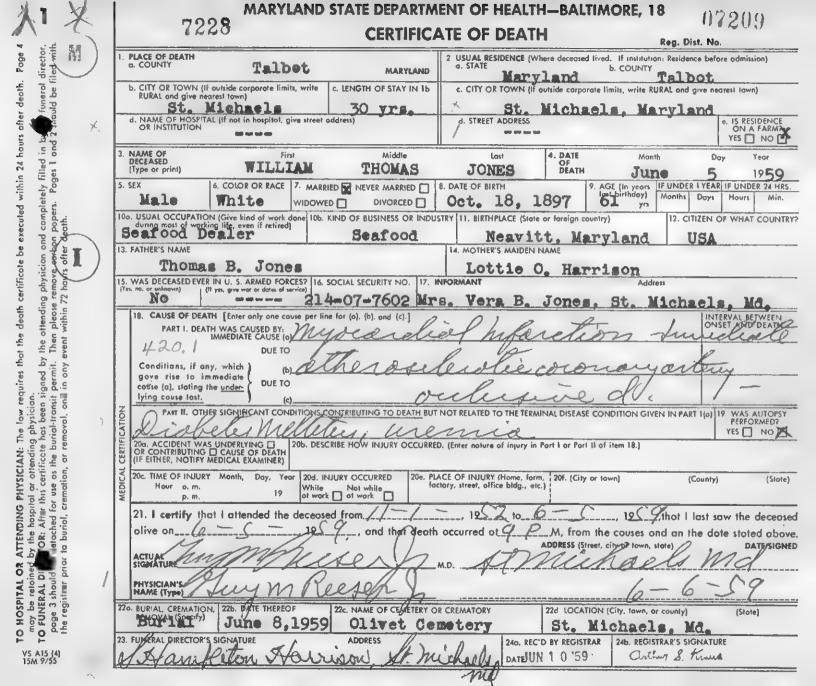
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

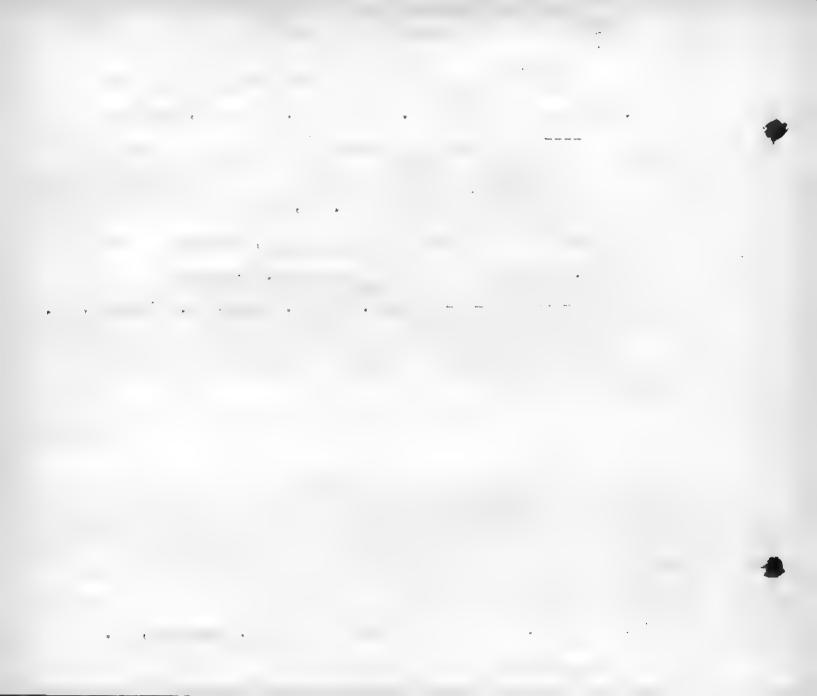


07208 **CERTIFICATE OF DEATH** Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admissign)-· COUNTY b. COUNTY < MARYLAND b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town! 5 d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION . IS RESIDENCE d. STREET ADDRESS YES NO .5 NAME OF Middle 4. DATE Lost Month Yeor DECEASED OF DEATH campletely filled (Type or print) Pages arrenna 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE [In years IF UNDER 1 YEAR IF UNDER 24 HES. last birthdoy) Months Days Hours WIDOWED DIVORCED papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT GOUNTRY? during most of working life, even if retired) ochol, asse E 00 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANI Address 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO gny Conditions, if any, which gave rise to immediate DUE TO couse (a), stating the underlying cause lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 40 DEATH BUTINGS RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19 WAS AUTOPSY PERFORMEDZ YES NO ! 200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED JEnter noture of injury in Part I or Port II of item 18.1 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Doy, Year (County) (Stole) factory, street, affice bldg., etc.) Hour While 0. m. Not while at work at work p. m. 21. certify that I attended the deceased from 19_Z, that I last saw the deceased alive on LG and that death occurred at A.M., from the causes and on the date stated above. ADDRESS (Street, city or Jown, state) DATE-SIGNED **ACTUAL** SIGNATURE PHYSICIAN'S FUNERAL NAME (Type) O 220 BURIAL CREMATION. 226. DATE THEREOF 225 NAME OF CEMETERY OF CREMATORY -ORATION-(City, town of county) **YState** REMOVAL (Specify) may 0 23. FUNERAL DIRECTOR'S SEGNATURE **ADDRES** 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) DATEJUN 5 Orthur & Krous 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



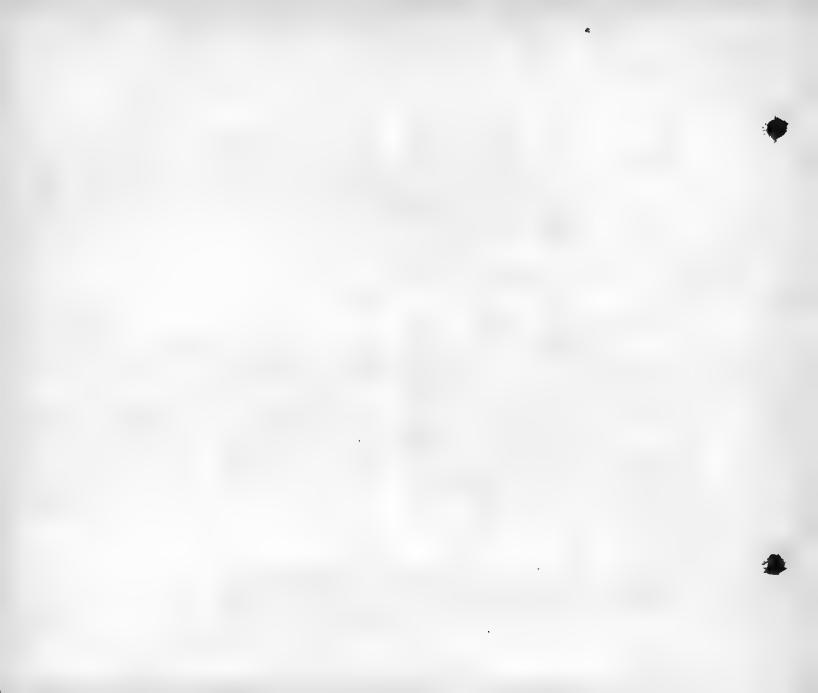




	MARYLAND	STATE DEPARTA	MENT OF HEALTH	BALTIMORE,	18 072	10
	7213	CERTIFIC	ATE OF DEATH	ĺ	Reg. Dist. No.	LU
1. P	LACE OF DEATH TALBOT	MARYLAND		re deceased lived. If insti	tution: Residence before adm ITY 779-L/307	nission)
Ь	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn) EASTON	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF or		e RURAL and give nearest to	wn)
d	B. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION 11 Own 九0回日 11	oddress)	7. CHERRY	_ \$\bar{I} +	I ON	RESIDENCE I A FARM? I NO A
0	NAME OF DECEASED Type or print) CLAUDE	D Middle	LEE		NE 4	Year 19 5
5 \$	MALE 6 COLOR OF RACE 7 MARR WIDOWE		8. DATE OF BIRTH 187	P. AGE (In yet loss birthdo	ors IF UNDER 1 YEAR IF UN Months Days Hou	
10a.	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DRUGGIST	RUG STORE		or foreign country) LAND	12. CITIZEN OF WH	AT COUNT
13. ř	William J. H. Lee		14 MOTHER'S MAIDEN N	Pakeito		
15. V (Yes.	WAS DECRASED EVER IN U. S. ARMED FORCES? 16.	14-32-5084	Robert & a	Pekeits (Bacton 1	Red
	1B. CAUSE OF DEATH [Enter only one couse per life PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o). 331 X DUE TO		<i>IASCULAR</i>	MOCTOFN	INTERVAL ONSET AI	BETWEEN ND DEATH
	Conditions, If ony, which gave rise to immediate couse (a), stating the <u>under-lying cause last.</u> (c) (c)					
CATION	PART II. OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BU	A		PER PER	S AUTOPS FORMED?
CER	200. ACCIDENT WAS UNDERLYING 20b DESC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ERIBE HOW INJURY OCCURR	ED. (Enter noture of injury in P	ort I or Part II of item 1B }		
MEDICAL	Hour o. m. While	NJURY OCCURRED 20e. P Nat white t of work	LACE OF INJURY (Home, form, octory, street, office bldg., etc.	20f (City or town)	(County)	(Stot
1 1	21. I certify that I attended the decease alive an JUNE 4 19		19 <i>53</i>) ta 3 (NE 4 194	Athat I last saw the	e decea
	ACTUAL SIGNATURE SIGNATURE	Battley		DORESS (Street, city or too		DATE SIG
	PHYSICIAN'S DONALD F. B.	ARTLEXTH	D. EA	STON, M	D .	
	BURIAL CREMATION, 26 DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCKSTON (City, fow	n, or county)	tofe)



1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
FOR STATE	7214 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 17211
HEALTH DEPT.	1. PLACE OF DEATH o. COUNTY Jackat MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Manyland b. COUNTY Jackat
sory plea flor. Poor of Realt	b. CITY OR OWN standard curporate limits, write RURAL ond give neorest lown) CASIM C. LENGTH OF STAY IN 16 C. CITY OR FOWN (If outside corporate limits, write RURAL and give neorest lown)
S necession of the second	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give freet oddress) d. STREET ADDRESS ON A FARMP YES NO PL
delay i	3. NAME OF DECEASED (Type or print) Middle M
If any 3 to th may be with th ms after	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH 9 AGE Un year IF UNDER 24/485
death. 2, and age 5 and 2 and 2 72 hos	10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPIACE (Store or foreign country) 12. OTUEN OF WHAT COUNTRY?
Poges 1, PM3. P Poges 1, PM3. P Poges 1	13. FATHER'S MAME COLOR TO THE TANKER'S MAIDEN DAME
Sive Pour File pur Ween Pur We	15. WAS DEPEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (If you give wer or dates of service)
within 18. 19 with ermit. d in or	18. CAUSE OF DEATH [Enter only one cause per ling foy (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH
in the	PART I. DEATH WAS CAUSED BY: [MMEDIATE CAUSE (0)] Severalized anterior decrease (1)
pencil pencil r's Offi unial-tr	Conditions, if any, which governor to immediate course DUE TO
range in ran	(a), stoling the underlying DUE TO couse fost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119, WAS AUTOPSY
"pendi "pendi fical Exect cremo	Senere remarked arthritis YES NO.
ward ward ef Mec auld b	CAUSE OF DEATH.
ing the Chi	Hour Bot while of work
EXAM ie, writ ded to OR: Po	21. 1 certify that I taak charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion death resulted from: Natural causes Accident, Suicide, Hamicide, Undetermined manner
EDICAL DIRECT	ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER []
uty Mild be the country Mi	EXAMINER'S NAME (Type) ASSISTANT MEDICAL EXAMINER () DEPUTY MEDICAL EXAMINER ()
execution of its or its	220. BURIN, CREMATION, THE DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Single)
V\$. A15ME SM 2/57	23 FUNDRALDRECTOR SEIGHTATURE CONTROLL ADDRESS 240. RECISTRAR'S SIGNATURE DATE JUN 3 0 '59 CALLOR & HOURS
	1 Kellen Strain



3		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	L	7229 CERTIFICATE OF DEATH 17212 Reg. Dist. No.
Page director the will	1.	PLACE OF DEATH 5. COUNTY Talbot MARYLAND 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) S. STATE D. COUNTY Talbot Talbot
r deoth: Po		CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
090 and 090		d. NAME OF MOSFITAL (If not in hospital, give street oddress) OR INSTITUTION OR INSTITUTION OR INSTITUTION ON A FARM? YES \(\sum \) NO \(\sum \)
illed in		NAME OF DECEASED First Cartton Newman John Day Year OF DEATH June: 217 1959
d within bletely F	5.	SEX 6. COLOR OR RACE 7. MARRIED B DATE OF BIRTH 9. AGE (In years IF UNDER 14 FAR IF UNDER 24 HAB Hours WIDOWED DIVORCED March 10. 18:16: S' 9/18 2 1/7 1/7
execute nd comp on poper deoth.	100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Side or foreign country) 12 CITIZEN OF WHAT COUNTRY? Return Farmer Framer Framer
Par	13	FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. MOTHER'S MAIDEN NAME 16. MOTHER'S MAIDEN NAME 16. MOTHER'S MAIDEN NAME 17. MOTHER'S MAIDEN NAME 18.
5 2 2	15/	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address To or unknown 18 yes, give nor or dotes of service) Mone Mrs a. C. Newmann Wellevier; Mol
ottendir ottendir within		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (a)
that the by the it. Then y event		491X DUE TO
signed signed if permid in on		gove rise to immediate couse (a), stating the under-lying couse last. (b) DUE TO (c)
ohysicio us been al-trons ovol, an	CATION	PAIR II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO
AN: The	CERTIFIC	200 ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.)
PHYSICI of or after his certif use os l ematian,	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. p. m. 19 White Not white at wark at wark at wark at wark.
Abing hospite After the formal, creat, creat		21. I certify that I attended the deceased from 277, 19.56, to 677, M, from the couses and on the date stated above.
OR deto		ADDRESS (Street, city or town, state) DATE SIGNED SIGNATURE M.D. ST. HICKORES (STreet, city or town, state)
reloined AL DI Should trar pri		PHYSICIAN'S NAME (Type)
HOSPI moy be a FUNER page 3 s	720	BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City. town, or county) (State)
V5 A15 (4) 15M 10/57	3	FUNERAL DIRECTOR'S SIGNATURE ADDRESS A
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07213 **CERTIFICATE OF DEATH** 7215 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission). filed a COUNTX o STATE **b. COUNTY** MARYLAND unerol b. CITY OR TOWN (If outside carporate limits, write c. CITY OR TOWNLIN c. LENGTH OF STAY IN 16 outside carporate limits, write RURAL and give nearest town) RURAL ett givernearest town) P d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS . IS RESIDENCE OR INSTITUTION YES NO .5 3. NAME OF First Middle Lost 4. DATE Year Day DECEASED OF DEATH (Type or print) 10 5. SEX 6. COLOR OR RACE 9. AGE (In years MARRIED NEVER MARRIED B DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HR hday Months Doys Hours WIDOWED DIVORCED [popers. 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) ond Pod 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME OOKC COMO 15. WAS DECEASED EVER INJU. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address CAUSE OF DEATH | Enter only one couse per INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which (b) gove rise to immediate DUE TO couse (a), stating the underlying couse lost (c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19 PERFORMED? NO [200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY Home, form, Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour o.m. While Not while at work of work 21. I certify that I ____, 19____,that I last saw the deceased alive an that death accurred M, from the causes and an the date stated above. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) FUNER 220 BURIAL, CREMATION, 225. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) page MEMOVAL (Specify) 0 23 FUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A ! 5 (4) DATE JUN 2 3 '59 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 07215 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Talbet **b.** COUNTY MARYLAND (arvland albot deoth: b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town St wichnels St lichaels, warvland vears d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. 15 RESIDENCE ON A FARM? Riverview Terrace YES NO TO 3. NAME OF First Middle 4. DATE Month Day Year DECEASED William B (Type or print) Revnolds DEATH June 19 1959 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 9. AGE (In years lost birthdoy) Months Male White Hours 18. WIDOWED [7] DIVORCED [7] April -1883 76 yrs. 10c. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY Boiler engineer Retired New York U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joshua J. Reynolds Catherine Van Brunt é 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address no 'no St Lichales attending Mrs. Ida Reynolds 18. CAUSE OF DEATH | Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSELAND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) **DUE TO** Conditions, if any, which gove rise to immediate DIJE TO couse (a), stating the underlying couse lost, CATION PAIT II. - OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES 🖺 NO 🔼 20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, Day, Year 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour o. n. While Not while of work of work p. m. 21. I certify that I attended the deceased from 25 UNC 1957 that I last saw the deceased and that death occurred at TIRYM, from the causes and on the date stated above. alive on. ACTUAL SIGNATUR 50 PHYSICIAN'S NAME (Type) n 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOYAL (Specify) Geo. Washington dem. June White warsh Towrshi 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) Federalsburg, Ld. DATE JUN 2 5 '59 Orthon & Knows



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8592 CERTIFICATE OF DEATH

Reg. Dist. No.

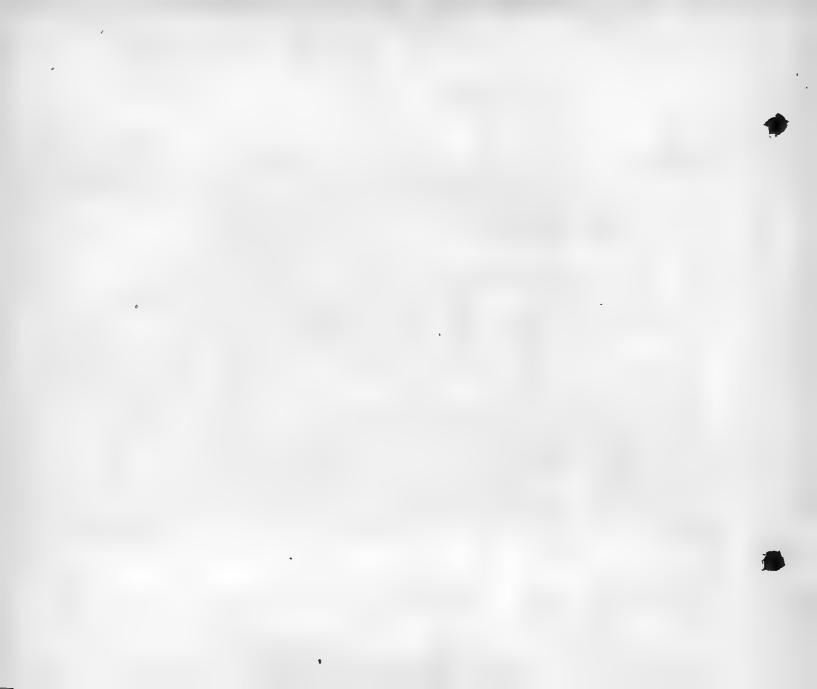
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ì	PLACE OF DEATH O. COUNTY MARYLAND - 2 USUAL RESIDENCE (Where deceased lived If institutions Residence before admission) O. STATE MARYLAND - COUNTY TA DO +
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) CASTON RURAL and give nearest town)
	d. NAME OF HOSPITAL (Isnot in haspital, give street address) or institution nemor RIAL HOSPITAL 23 CLEMBOL AVE ON A FARM? YES NO DET
3	NAME OF DECEASED (Type or print) John First First First Sonth Seath Seath Sonth Death Seath Seat
5	SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH 9. AGY (17 years IF UNDER 1 YEAR IF UNDER 24 HIS. 1011 1017
1	On USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLAGE (Slote or foreign country) 12 CITIZEN OF WHAT COUNTRY MARKET OF WHAT COUNTRY COUN
1:	John E. Smith MARY
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no or unknown! [If you, give wor or dates of service] ALO MORE WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address ALO MORE THE THE PROPERTY OF THE PROPERT
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSET AND DEATH TO SET AND DEATH
	Conditions, if any, which (b) Disabetts wellite by yet
	couse (a), stating the under- lying couse last. C) (c)
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	21. I certify that I attended the deceased fram 5/12, 19, 7, to 6/25, 19,5 7, that I last saw the decease alive on 6/25, 19,5 7, and that death accurred at 100 M, fram the causes and an the date stated above
	ACTUAL SIGNATURE ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE M.D. E.A.R.L.E. H.V.E. E.H.S.+O.N., M.
	PHYSICIAN'S PELCY E. COX EASTON MARYLAND
2	20. BURIAL, CREMATION, IZO, DATE THEREOF ZZC. NAME OF CEMETERY OR CREMATORY ZZd. LOCATION (City, town, or county) (State) REMOVAL (Specify) BURIAL PRESTAL (State)
23	D. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE 240. REGISTRAR'S SIGNATURE CITCHIAN & FLIGHT ADDRESS ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE CITCHIAN & FLIGHT ADDRESS A
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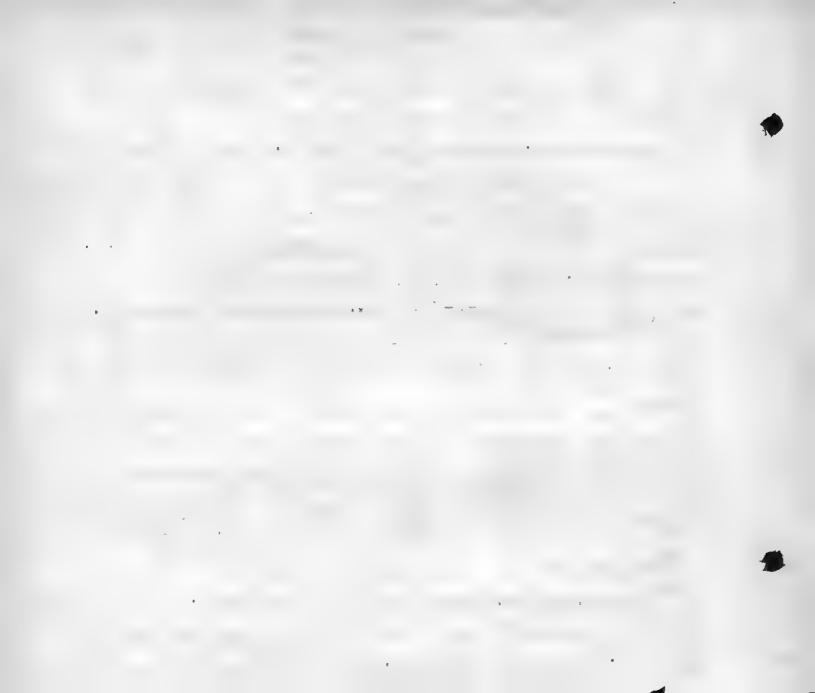


07216 7231 CERTIFICATE OF DEATH Reg. Dist. No. director 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH Filed o. COUNTY o. STATE b. COUNTY MARYLAND Talbot. Marvland Dorchester uneral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown) Life Trappe d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO X 2 NAME OF DECEASED First 4. DATE Middle Losi Month Year Day OF DEATH (Type or print) 9 Minnie Smith 1950 Green June Pop 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours WIDOWED 3 DIVORCED | Female 69m papers Negro 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife USA Housewife Talbot County. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Samuel Cator Green Serena Brumme L. IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address No None Norman Wilson rappe 1B. CAUSE OF DEATH [Enter only one couse per line for int/(b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which (b) gove rise to immediate DUE TO cosse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 CATION WAS AUTOPSY PERFORMED? YES NO I 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) MEDICAL 20c. TIME OF INJURY Month, Day. Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o. m. While Not while ot work 📑 ot work p. m. June 19 ___that I lost saw the deceased 21. I certify that I attended the deceased from. ond that death occurred at 32 P.M., from the couses and on the date stated above. ADDRESS (Street, city or town, stole **DATE SIGNED** ACTUAL SIGNATURE PION IN PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) ago. REMOVAL (Specify) Trappe Cemetery Trappe Marvland FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Circuit S. Through Cambridge, Md. DATEJUL 6 VS A15 (4) 1SM 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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C. Branch	7232 CERTIFICATE OF DEATH Reg. Dist. No. 217	,
led wit	o. COUNTY Talbot 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland Talbot Talbot	
8 M	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
×	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Main St. Main St. Oxford d. STREET ADDRESS Main St. Main St. Main St.	SW3
	NAME OF First Middle Lost 4. DATE Manth Day Year OF	7
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years 1) F UNDER 1 YEAR IF UNDER 2.	59 4 HRS.
	Temale white whower June 28, 1905 53 yrs	Min
	Od USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT CO SECRETARY Pennsylvania 11. S	UNTRY?
	Secretary Pennsylvania U.S. 3. FATHER'S NAME U.S.	
	William D. Schunder S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
	(Yes, no. or unknown) (It yes, give wor or dates of service)	
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: (ARCINOMA OF ASCENDING COLON ONSET AND DE) (MARCHAET CAUSE (c) CARCINOMA OF ASCENDING COLON ONSET AND DE)	EEN ATH
	1.5.30 DUE TO LOVITH METASTASES 1110.	
	Conditions, if any, which gove rise to immediate couse (o), stoting the under-lying couse lost.	
37	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTO PERFORME YES NO.	OPSY OPSY
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Port II of item 18.) COR CONTRIBUTING CAUSE OF DEATH CORRESPONDED TO THE CONTRIBUTION OF THE CONTRIB	
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour a. jr., p. m. 19 of work at work at work	(Stote)
	21. I certify that I attended the deceased from 3-1/-, 1908, ta 6-3-, 1908, that I last saw the dec	ceased
	alive on	abave. signED
- 1	PHYSICIAN'S NAME (Type) Dr. Donald F. Pant Av. Easton. Md.	
	20. BURIAL CREMATION, REMOVAL (Specify) Burial 22b. Date Thereof 22c. Name of Cemetery or Crematory 22d. Location (City, Town, or county) (Stole) Oxford Cemetery Oxford, Maryland	
. 9	ADDRESS ADD	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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and the state of t	ソ	_	NAME OF BOCKET	t. Michae		20 yrs	de STREET ADDRES	Michaels	, Ma.	Te is residence
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fler death 1, 2, on Page 3 1 and thin 72 h		10o.	USUAL OCCUPATIO uring most of working	N (Give kind of work of life, even if retired)	ione 10b. KIN	of Business or Indus	TRY 11 BIRTHPLACE (SI	ote or foreign country)		ZEN OF WHAT COUNTRY?
			FATHER'S NAME	ICKOL	D	eri 000	14. MOTHER'S MAIDE	+7	a t	JSA .
P.W.3	14		John	A. Carr				. Thompso:	n	
or m		15.	WAS DECEASED EVE	R IN U.S. ARMED FOI	RCES? 16 SO	CIAL SECURITY NO. 17.	NFORMANT		Address	as % Stame 40
A Paris			No	*** *********************************	219	-01-5725	Sarah Jos	hua, St.	Michael	is, Maryland
ng vill				H [Enter only one cou	se per lige for	(a), (b), and (c).	4			THE WAL BETWEEN ONS IT AND DEATH
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d the	100	CERTIFIC	200. EXTERNAL CAU PRIMARY ☐ or CON CAUSE OF DEATH.	SE WAS	6 DESCRIBE H	OW INJURY OCCURRED.	Enter noture of injury in	Fort I or Port II of Hem II	3)	A 100 Maria 10 Maria
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Shoot shoot		220	REMOVAL (Specify)	N. 226 DATE THEREC		c. NAME OF CEMETERY O		22d LOCATION (City	• • • • • • • • • • • • • • • • • • • •	(State)
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V\$ A15ME 5M 2/57	1	17	D/7:01	town Wo	340.12-	1/2 1	Λ.Λ	IUN 2 5 '59	Cilus 8	
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7218 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY **b.** COUNTY MARYLAND b. CITY OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d STREET ADDRESS e. IS RESIDENCE YES NO NAME OF First 4. DATE Last Month Day Year DECEASED OF DEATH 11 (Type or print) 19 S. SEX 6. COLOR OF RACE 7. MARRIED 1 NEVER MARRIED 8 DATE OF BIRTH IF UNDER \$ YEAR IF UNDER 24 HES 9. AGE (In years lost birthday) Months Doys Hours WIDOWED | DIVORCED [100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11/BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if relired) (VM OST PO) 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 1B. CAUSE OF DEATH [Enter only one couse per ine for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 1621 **DUE TO** Conditions, if ony, which ! (b) gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES DE NO 🗌 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) [Stote] Hour o.m. factory, street, office bldg., etc.) While Not while 19 at work at work 21. I certify. I attended the deceased from _____, 19___, that I last saw the deceased alive on and that death accurred P. M. from the causes and on the date stated above. DATE SIGNED ACTIVE SIGNATURE PHYSICIAN'S NAME (Type) 230-BURIAL CREMATION. 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lown, or county) (Stote) REMOVAL (Specify) DORESS **EUNERAL DIRECTOR'S SIGNATOR** Citing S. Frank

VS A1S (4)



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea. Dist. No. HEALTH DEPT. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH a. COUNTY . b. COUNTY Health. MARYLAND files. b. CITY OR TOWN III outside corporate limits, write RURAL E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) and give negres! town) d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) 3. NAME OF 4. DATE Middle Doy DECEASED (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYPAR last birthday) Months Days WIDOWED | YES. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stafe or foreign country) 12. CITIZEN OF WHAT COUNTRY? ond during most of working life, eyen if retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT Address (If yes, give war or dates of service) 18. CAUSE OF DEATH | Enter only one couse per little for (p), (b)mand (c). INTERVAL BETWEEN PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Post I or Port II of item 18.) PRIMARY | or CONTRIBUTING | Month, Doy, Year 20e. PLACE OF INJURY Home, form. 20c. TIME OF INJURY i 20f. (City or town) (County) foctory street, office bidg., etc.) at work of work water 21. I certify that I took charge of the remains described above, held on Autopsy M. Inspection Inquiry Suicide | opinion deoth resulted from: Natural couses Accident N Homicide . Undetermined monner ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** FUNER of DEPUTY MEDICAL EXAMINER DE NAME (Type) 270. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) 0 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. ATSME 5 '59

5M 2/57

e. IS RESIDENCE ON A FARM? YES INO M

Year

195 IF UNDER 24 HRS.

PERFORMED?

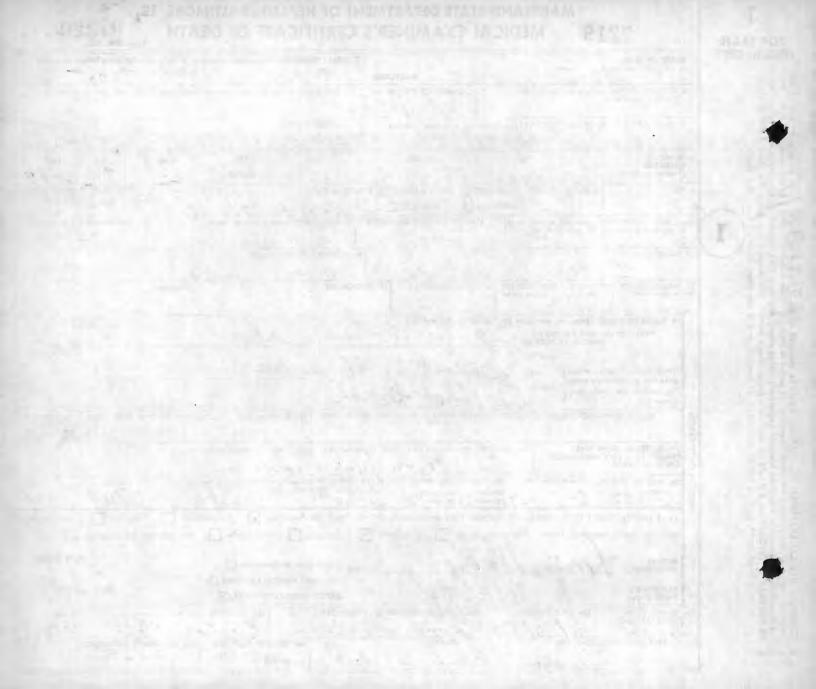
(State)

and in my

DATE SIGNED

(State)

Hours Min.



ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 ould be filed with funeral director by the hospital ar attending physician.

10R: After this certificate has been signed by the attending physician and campletely filled in by the hospital forms at the harial-transit permit. Then please remove carbon papers. Pages I and 2 structure at the harial-transit permit. ofter death. or remayal, and in any event within 72 hours

7220

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

07221

/		Keg. Dist. No.
1.	PLACE OF DEATH a. COUNTY Tall MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE D. D. L. L. D. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If putside corporate limits, write RURAL and give nearest town)
	Easton 2 days	40 teastin
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Memorial October	d. STREET ADDRESS 1235. Harrison Street VES NO 2
3.	NAME OF DECEASED (Type or print) ROW	Willis DATE Month Duy Year OF DEATH June 20 1959
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH Sept. 8, 1883 9. RGE (In years lost birthday) 75 yes. Months Days Hours Min.
10	during most of working life even it retired)	Pennsulvania: 12. CITIZEN OF WHAT COUNTRY?
13	FRANKS Willias	14. MOTHER'S MAIDEN NAME
150	(et. not as (known) (It yes, give war or dates of service) (10 2 34 -4483	Mes & Par Wille Starter
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), stating the under- lying couse last. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).] DUE TO (b) DUE TO (c)	Arotic Heart Description ONSET AND DEATH
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO PERFORMED?
		D. (Enter nature of injury in Part 1 or Part II of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19 at work at work 20d. INJURY OCCURRED 20e. Pt. While Not while at work	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ctory, street, office bldg., etc.)
	21. I certify that I attended the deceased from/ alive on	1950, to 6, 1959, that I last saw the deceased occurred at 11:05pM, from the causes and on the date stated above.
	ACTUAL PA CA	M.D. FASTON IND 6/22/
	PHYSICIAN'S PECOX	gala ma
22	REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or county) (State)
23	FOUNDATIONS SIGNATURE TO THE STATE OF THE ST	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

moy be retain moy be retain 15 Ve WGE 16 Ve WGE 17 Ve WGE 17 Ve WGE 17 Ve WGE 17 Ve WGE 18 Ve WG

THE REPORT OF THE PARTY OF THE Her. 2 oction The state of the s